

Entered -12-1-00 - sb
CL 00L0727 - GWENDOLYN BURNS

01- *R*-0014

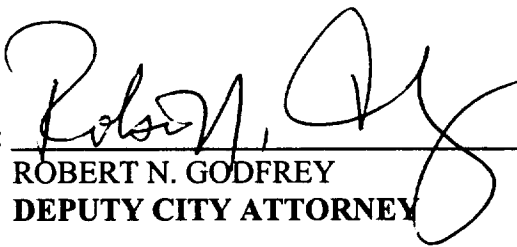
CLAIM OF:

REBECCA ANN HARPE
2488 Brookhaven Heights Court
Atlanta, Georgia 30319

For damages alleged to have been sustained when a vehicle drove through wet paint on September 21, 2000 at Buford Highway & Cheshirebridge Road, NE.

THIS ADVERSED REPORT IS
APPROVED

BY:



ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0727

Date: December 27, 2000

Claimant /Victim REBECCA ANNE HARPE
BY: (Atty) (Ins. Co.) _____
Address: 2488 Brookhaven Heights Court, Atlanta, Georgia 30319
Subrogation: _____ Claim for Property damage \$ 600.00 Bodily Injury \$ _____
Date of Notice: 11/16/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 9/21/00 Place: Buford Highway & Cheshirebride Road, NE
Department _____ Bureau: _____ Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that her vehicle sustained property damage when she drove through wet paint at the above location. The Claimant has been informed that Buford Highway is a state route and is not maintained by the City. She has been advised to file her claim with the State of Georgia Department of Transportation.

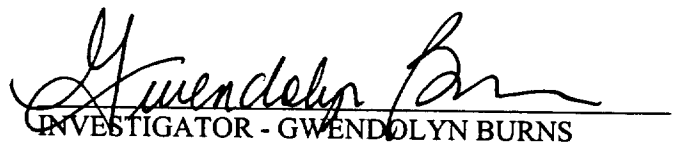
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

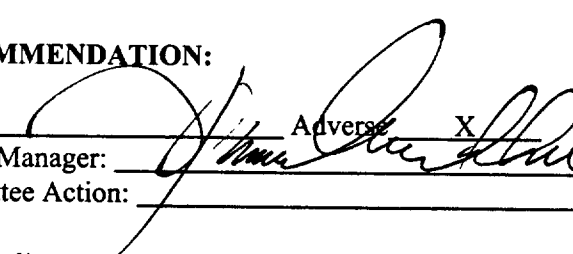
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 12-27-00
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date:

ENTERED - 12-1-00 - SB
00L0727 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ \$600- property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 09/21/00 (month/day/ year) 2. Time of Incident: around midnight 3. Police called: X Yes No

4. Location of incident (including street address): Near Lindberg b/t Cheshirebridge & Buford Hwy.

5. Name of your insurance company: I don't want to notify my insurance company Policy No. _____

6. State what and how incident occurred: _____

I was driving @ night on Buford Hwy. in route to Peachtree Hills + b/t Cheshirebridge + Buford (where they meet) I drove through paint, covering across my entire side (right side) of road. There was a new 4 runner in front of me that also had the paint splattered all over their car. At first I did not worry thinking it was mud, but the next morning I then realized it was road paint.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Land Rover (Make) 2000 (Year) FL: XHS 748 (Tag Number) Rebecca Ann Harpe (Driver's Name)

City vehicle: _____ (Make) _____ (City Driver's Name) _____ (Department/Bureau)

9. Witness: Adrian D. Bruns (Name) 70 Peachtree Hills Circle (Address) 404/816-0619 (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Rebecca Ann Harpe (Print Claimant's Name)

2488 Brookhaven Heights Court (Address)

Atlanta, GA 30319 (City, State and Zip Code)

352/870-1110 (Work Number) 404/816-2295 (Home Number)

01-R-0014